

MEDICAID CODING GUIDELINE
Effective for date of service 9/26/06 and after

Gardasil (Quadrivalent Human Papillomavirus [Types 6, 11, 16, 18] Recombinant Vaccine)

CPT CODE: 90649 Human Papilloma virus (HPV) vaccine,
Types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for
intramuscular use

Indications for use: Indicated in girls and women 9-26* years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types 6, 11, 16, 18:

- Cervical cancer
- Genital warts (condyloma acuminata)

and the following precancerous or dysplastic lesions:

- Cervical adenocarcinoma *in situ* (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3
- Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
- Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
- Cervical intraepithelial neoplasia (CIN) grade 1

CRITERIA:

- the HPV vaccine should be administered intramuscularly as 3 separate 0.5-mL doses with the **first dose** given at elected date, **second dose** given 2 months after the first dose and the **third dose** given 6 months after the first dose
- ND Medicaid will reimburse for the HPV vaccine and the immunization administration for date of service 9/26/06 and after, for women 19-20* years of age at the current rate.
- ND Medicaid will reimburse for the HPV vaccine and the immunization administration for date of service 9/26/06 and after, for girls/women 9-18 years of age** ONLY if no VFC vaccine is available.

* ND Medicaid will only allow/reimburse for Gardasil (HPV) vaccine (non-VFC qualified) for women age 19 and 20 years of age. ND Medicaid will NOT allow/reimburse Gardasil for women 21 years of age and older.

** The claim must be submitted on a CMS 1500 (paper) and note in Box 19 stating, "No VFC vaccine available."

COVERED DIAGNOSIS: **V04.89** - Need for prophylactic vaccination and inoculation against, Other viral diseases

CODING/BILLING: **90649** (Human Papilloma virus - HPV) vaccine - **\$127.50** (ND Medicaid allowed amount) for each of three (3) doses for women 19-20* years of age. (see CRITERIA for clarification)

OR

90649-SL (Human Papilloma virus - HPV) vaccine -SL (state supplied) - **\$0.00** must be submitted for girls/women 9-18 years of age who qualify and receive VFC vaccine.

AND

90471 or 90472 The appropriate Immunization administration code and charge must be billed with each HPV vaccine (90649).